

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/592,762

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
7		/	/	/	/	/
8		/	/	/	/	/
9		/	/	/	/	/
10		/	/	/	/	/
11		/	/	/	/	/
12		/	/	/	/	/
13		/	/	/	/	/
14		/	/	/	/	/
15		/	/	/	/	/
16		/	/	/	/	/
17		/	/	/	/	/
18		/	/	/	/	/
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23	/		/		/	
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25	/		/		/	
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32		/	/	/	/	/
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50		/	/	/	/	/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/	/	/	/	/
52		/	/	/	/	/
53		/	/	/	/	/
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55		/	/	/	/	/
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59		/	/	/	/	/
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62	/		/		/	
63	/		/		/	
64		/	/	/	/	/
65		/	/	/	/	/
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67		/	/	/	/	/
68		/	/	/	/	/
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98						
99						
100						
TOTAL IND.		↓	13	↓	13	↓
TOTAL DEP.		←	17	←	16	←
TOTAL CLAIMS			30		29	